



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION VII SITE NUMBER (to be assigned by HQ)
KS-000010033

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Abbott Laboratories		B. STREET (or other identifier) 6601 South 71st Street	
C. CITY Wichita	D. STATE KS	E. ZIP CODE 67231	F. COUNTY NAME Sedgwick
G. OWNER/OPERATOR (if known) 1. NAME Abbott Laboratories, Chemical Division		2. TELEPHONE NUMBER 316-522-8181	

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION
There is an abandoned lagoon at the site which was used for disposed of plant wastes till January 1980

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Old records with BES, KDHE	K. DATE IDENTIFIED (mo., day, & yr.) 5/81
L. PRINCIPAL STATE CONTACT 1. NAME J.P. Goetz	2. TELEPHONE NUMBER 913-862-9360



II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

<input type="checkbox"/> 1. NO ACTION NEEDED (no hazard)	<input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY:
<input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: 5/8/81 b. WILL BE PERFORMED BY: KDHE	<input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION 1. NAME V. Kamath	2. TELEPHONE NUMBER 913-862-9360	3. DATE (mo., day, & yr.) 5/81
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)	<input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) plant active	<input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)
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B. IS GENERATOR ON SITE?
☐ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code): 2869

C. AREA OF SITE (in acres) 1 acre	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 37-34-23N 2. LONGITUDE (deg.-min.-sec.) 097-25-54W
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E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☒ 2. YES (specify): Plant and office

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL		<input checked="" type="checkbox"/> 1. PILE		<input checked="" type="checkbox"/> 1. FILTRATION		<input checked="" type="checkbox"/> 1. LANDFILL	
<input checked="" type="checkbox"/> 2. SHIP		<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT		<input checked="" type="checkbox"/> 2. INCINERATION		<input checked="" type="checkbox"/> 2. LANDFARM	
<input checked="" type="checkbox"/> 3. BARGE		<input checked="" type="checkbox"/> 3. DRUMS		<input checked="" type="checkbox"/> 3. VOLUME REDUCTION		<input checked="" type="checkbox"/> 3. OPEN DUMP	
<input checked="" type="checkbox"/> 4. TRUCK		<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND		<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT	
<input checked="" type="checkbox"/> 5. PIPELINE		<input checked="" type="checkbox"/> 5. TANK, BELOW GROUND		<input checked="" type="checkbox"/> 5. CHEM./PHYS. TREATMENT		<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING	
<input checked="" type="checkbox"/> 5. OTHER (specify):		<input checked="" type="checkbox"/> 6. OTHER (specify):		<input checked="" type="checkbox"/> 6. BIOLOGICAL TREATMENT		<input checked="" type="checkbox"/> 6. INCINERATION	
				<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 7. UNDERGROUND INJECTION	
				<input checked="" type="checkbox"/> 8. SOLVENT RECOVERY		<input checked="" type="checkbox"/> 8. OTHER (specify):	
				<input checked="" type="checkbox"/> 9. OTHER (specify):			

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

The site has interim status under RCRA. The pond listed as uncontrolled site has been inactive since 1/80.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☒ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

no

2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT NA	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	<input checked="" type="checkbox"/> (3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):
			(6) CYANIDE	(6) OTHER(specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			<input checked="" type="checkbox"/> (11) OTHER(specify) Amines		
NA	NA	NA		NA	NA

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Amines -- monoethyl amine & diethyl amine

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X	X	1977	Reported to KDHE in 1980
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X	X	1977	Reported to KDHE in 1980
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS ISSUED BY THE SITE.

- ☒ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☒ 7. RCRA STORER ☒ 8. RCRA TREATER ☒ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☒ B. YES (summarize below)

Remedial action initiated by KDHE in 1980 after groundwater contamination was reported.

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Routine inspection	conducted	by KDHE	over the last 2-3 years.

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Decontamination of	1980	state	
Groundwater			

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.